

SIOUX CITY COMMUNITY SCHOOLS LESSON PLAN													
Date:				Periods	1 2 3 4 5 6 7		Teacher:						
Principal				Department			Grade:			Class:			
	Identify Desired Results: Student's will-- Planning Process: Objective				Acceptable Evidence & Assessment		Instruction Methods	Materials Required		Reflection on Lesson -			
Monday					Independent Work Guided Instruction Practice Sheets Project/Presentation Test/Quiz		Lecture/Explanation Discussion Questioning Presentation Cooperative Groups	Transparencies/Notes PowerPoint Video/DVD Computers Textbook/Worksheet					
	Standard ____ Benchmark ____				Other		Other	Other					
Tuesday					Independent Work Guided Instruction Practice Sheets Project/Presentation Test/Quiz		Lecture/Explanation Discussion Questioning Presentation Cooperative Groups	Transparencies/Notes PowerPoint Video/DVD Computers Textbook/Worksheet					
	Standard ____ Benchmark ____				Other		Other	Other					
Wednesday					Independent Work Guided Instruction Practice Sheets Project/Presentation Test/Quiz		Lecture/Explanation Discussion Questioning Presentation Cooperative Groups	Transparencies/Notes PowerPoint Video/DVD Computers Textbook/Worksheet					
	Standard ____ Benchmark ____				Other		Other	Other					
Thursday					Independent Work Guided Instruction Practice Sheets Project/Presentation Test/Quiz		Lecture/Explanation Discussion Questioning Presentation Cooperative Groups	Transparencies/Notes PowerPoint Video/DVD Computers Textbook/Worksheet					
	Standard ____ Benchmark ____				Other		Other	Other					
Friday					Independent Work Guided Instruction Practice Sheets Project/Presentation Test/Quiz		Lecture/Explanation Discussion Questioning Presentation Cooperative Groups	Transparencies/Notes PowerPoint Video/DVD Computers Textbook/Worksheet					
	Standard ____ Benchmark ____				Other		Other	Other					
							Parent Contact				Monday:		
							Student:      Date:				Tuesday:		
	M	T	W	R	F							Wednesday:	
Bell Ringer												Thursday:	
Curr. Events												Friday:	
Obj on Board													
Homework													
Quiz													
Test													
Project													
Ticket o/t Door													

Student

Date

student:

Date:

Parent Contact


